Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CAPEMTMC(RT) Regimen

Capecitabine-mitomycin

Disease Site

Genitourinary
Penile

Intent

Adjuvant
Curative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

For treatment of locally advanced penile cancer

Supplementary Public Funding

capecitabine
ODB - General Benefit (capecitabine)

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B - Drug Regimen

capecitabine *total daily dose 1650 mg/m^2	825 mg /m²	PO	BID* on radiation days
mitomycin	10 mg /m²	IV (max 15-20 mg)	Days 1 and 29

Alternative mitomycin schedule:

mitomycin	10 or 12 mg /m²	IV (max 15-20 mg)	Day 1 ONLY

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C - Cycle Frequency

Single course, concurrent with radiotherapy

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low – No routine prophylaxis; PRN recommended

- Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Other Supportive Care:

- Topical emollients (e.g. hand creams, udder balm) may ameliorate the manifestations of hand-foot syndrome in patients receiving capecitabine.
- Supportive care should be provided, including loperamide for diarrhea.

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J - Administrative Information

Outpatient prescription for home administration (capecitabine)

Approximate Patient Visit	0.5 hour
Pharmacy Workload (average time per visit)	16.99 minutes
Nursing Workload (average time per visit)	41.667 minutes

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K - References

Ajani JA, Winter KA, Gunderson LL, et al. Fluorouracil, mitomycin, and radiotherapy vs fluorouracil, cisplatin, and radiotherapy for carcinoma of the anal canal: a randomized trial. JAMA 2008;299:1914-21.

Glynne-Jones R, Meadows H, Wan S, et al. EXTRA--a multicenter phase II study of chemoradiation using a 5 day per week oral regimen of capecitabine and intravenous mitomycin C in anal cancer. Int J Radiat Oncol Biol Phys. 2008 Sep 1;72(1):119-26.

Meulendijks D, Dewit L, Tomasoa NB, et al. Chemoradiotherapy with capecitabine for locally advanced anal carcinoma: an alternative treatment option. Br J Cancer. 2014 Oct 28;111(9):1726-33.

NCCN clinical practice guidelines in oncology: Penile cancer (v1.2026). November 12, 2025.

Ottenhof SR, de Vries HM, Doodeman B, et al. A prospective study of chemoradiotherapy as primary treatment in patients with locoregionally advanced penile carcinoma. Int J Radiat Oncol Biol Phys. 2023 Sep 1;117(1):139-47.

Richter S, Ruether JD, Wood L, et al. Management of carcinoma of the penis: Consensus statement from the Canadian Association of Genitourinary Medical Oncologists (CAGMO). Can Urol Assoc J. 2013 Nov-Dec;7(11-12):E797-811.

Thind G, Johal B, Follwell M, Kennecke HF. Chemoradiation with capecitabine and mitomycin-C for stage I-III anal squamous cell carcinoma. Radiat Oncol. 2014 May 29;9:124.

PEBC Advice Documents or Guidelines

- An Endorsement of the 2023 European Association of Urology (EAU) -American Society of Clinical Oncology (ASCO) Guidelines on Penile Cancer

January 2026 new ST-QBP regimen

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L - Other Notes

DPD Deficiency Testing and Guidance:

Patients should be tested for DPD deficiency before starting treatment with capecitabine. Refer to the DPD Deficiency Guidance for Clinicians for more information.

In patients with unrecognized DPD deficiency, acute, life-threatening toxicity may occur; if acute grade 2-4 toxicity develops, treatment should be stopped immediately and permanent discontinuation considered based on clinical assessment of the toxicities.

Antidote for Capecitabine Overdose:

Uridine triacetate is a prodrug of uridine and is a specific antidote for treating capecitabine overdose or severe early onset toxicities. If available, consider administering as soon as possible (i.e. within 96 hours) for suspected overdose. If not available, treatment is symptomatic and supportive.

For usage approval and supply, contact Health Canada's Special Access Program (SAP) (Phone: 613-941-2108. On-call service is available for emergencies).

The recommended dosing and administration for **uridine triacetate** in patients ≥18 years is:

- 10 grams (1 packet of coated granules) orally every 6 hours for 20 doses in total, without regards to meals.
- Granules should not be chewed. They should be mixed with 3 to 4 ounces of soft foods such as applesauce, pudding or yogurt.
- The dose should be ingested within 30 minutes of preparation, followed by at least 4 ounces of water.
- Refer to the prescribing information on dose preparation for NG-tube or G-tube use.

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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